

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. *19289*

Registered No. *489*

### 1. PLACE OF BIRTH

County *Gila* State *Arizona*  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City *Miami* No. *24* *Grover Canon* St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child *Juan Valadez* (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child *Male* To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? *yes* 7. Date of birth *Nov-23-1928*  
Month Day Year

8. FATHER Full name *Luis Valadez* 14. MOTHER Full maiden name *Louisa Arenas*

9. Residence (Usual place of abode) *Miami* 15. Residence (Usual place of abode) *Miami*  
If non-resident, give place and state. *Arizona* If non-resident, give place and state. *Arizona*

10. Color or race *Mex.* 11. Age at last birthday *30* (Years) 16. Color or race *Mex.* 17. Age at last birthday *26* (Years)

12. Birthplace (city or place) *Zacatecas* 18. Birthplace (city or place) *Zacatecas*  
(State or country) *Mex.* (State or country) *Mex.*

13. Occupation Nature of industry *Miner* 19. Occupation Nature of industry *Housewife*

20. Number of children of this mother *3* (Taken as of time of birth of child herein certified and including this child). (a) Born alive and now living *3* (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum. *yes*

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* at *1:30* p.m. on the date above stated.  
(Born alive or stillborn)

Signature *Cyril M. Cronin* Physician (Physician or midwife).  
\* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report \_\_\_\_\_ Address *Miami, Arizona*

Month, day, year

Filed *Dec 2 1928* Registrar *C. E. Jones*

Registrar.

Registrar.

*159-1123-312*